OUR LADY OF THE ASSUMPTION 2019 VBS REGISTRATION

July 22-26 8:45 am to 12 noon each day

Children age 3 (must be potty trained) to age 12 (Going into 6th Grade)

Application deadline is Monday, July 1, 2019.

Please fill out a SEPARATE FORM for each child attending. All payment information may go on one form.



Child's Full Name:						
Name for Nametag:		Age:	Grade in September 2018:			
Name of Parent or Guardian:						
Complete Mailing Address:						
	Street,	City,	State,	Zip Code		
Email:		Importai	nt! We will communicate impo	rtant info with you!		
Phone: Home:	Work:		Cell:			
				<u>Payments</u>		
	Cost per child: \$50.00	(Maximum \$100.0	00 per family) Amount enclo	osed \$		
#		Sing and Play RC	DAR Music CD - \$8.00	\$		
#	Sing and P	lay ROAR Digital Do	ownload Card - \$8.00	\$		
#		Sing and Play ROA	R Music DVD - \$16.00	\$		
	Child t-shirts - \$6.00	# Size		\$		
		# Size		\$		
		# Size		\$		
	Sizes XS (2-4), S (6-8), M (10-12), L (14-16)					
	Adult t-shirts - \$10.00	# Size		\$		
Sizes S (34-36), M (38-40), L (42	2-44), XL (46-48)) (2XL (5	50-52), 3XL (54-56)	– Please add \$2.00 for 2XL	or 3XL		
			TOTAL AMOUNT ENCLO	DSED \$		
	and DVD's are limited. Make would like to be grouped w	e checks payable t with, please let us l oth children's appl	ications must have the same	ion. ble to meet these		
	se in media, including but no ch bulletin, on the church w	ot limited to newspa vebsite, in brochures		vision. Photos may naterials.		
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No signature here denotes that you do not give permission for use of photo materials. OVER, please complete both sides! In order to make VBS camp successful, we need your help!

Please indicate below where you will help:

I can be here the whole week during camp...put me to work! I'll attend the intro meeting on June 5, 6-7:30 pm. Your email so that we can keep you in our planning loop:



- Behind the Scenes Assistance: (any amount of time is appreciated) Decorating and setting up - Times to be announced Name and best way to reach you
- **During Camp Assistance:**

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 Registration 8:30 – 9:00 am	М	Т	W	Th	F
 Assistance with activities	М	Т	W	Th	F
 Nurse/Medical Personnel	М	Т	W	Th	F

Feed our teens – Drop off on Monday, July 22at 8:30am any simple breakfast/snack foods such as bagels, cream cheese, donuts, snacks and drinks.

Our Lady of the Assumption VBS Parent Release and Consent Form

_____, give permission for my child _____

(Parent/Guardian)

(Child's Full Name)

to attend Vacation Bible School and, if needed, to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the parish of Our Lady of the Assumption of all responsibility and consequence that may arise as the result of this treatment. I will not hold Our Lady of the Assumption parish or chaperones or representatives responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

XSigned,		Date
2 <i>i</i>	Signature of Parent/Guardian	
	Print Parent/Guardian Name	
Child Information		
Allergies:		
Medical Conditions:		
Required Medications:		
Insurance Carrier:		Current Tetanus Booster Y
In case of emergency, p	please contact:	
at	(#). Relationship to child:	

Any special things we should know about your child?